



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1068519

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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The Road to Excellence Starts with Safety

Sold To #: 348223	Ship To #: 2860053	Quote #:	Sales Order #: 8250538
Customer: EOG RESOURCES INC EBUSINESS		Customer Rep: Knox, Mike	
Well Name: Hittle Trust	Well #: 1 #1	API/UWI #:	
Field:	City (SAP): HUGOTON	County/Parish: Stevens	State: Kansas
Contractor: Kenai	Rig/Platform Name/Num: 58		
Job Purpose: Cement Surface Casing			
Well Type: Development Well		Job Type: Cement Surface Casing	
Sales Person: DRAKE, BRANDON		Srvc Supervisor: CARRILLO, EDUARDO	MBU ID Emp #: 371263

### Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
ARCHULETA, ERICK	6	454260	CARRILLO, EDUARDO Carrillo	6	371263	DEETZ, DONALD E	4	389855
PORTILLO, CESAR	6	457847	RODRIGUEZ, EDGAR Alejandro	6	442125			

### Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way
10240236	25 mile	10243558	25 mile	10744298C	25 mile	10866807	25 mile
10924982	25 mile	10988832	25 mile	11133699	25 mile		

### Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
6-16-11	6	3						

TOTAL Total is the sum of each column separately

Job				Job Times			
Formation Name	Formation Depth (MD)	Top	Bottom	Called Out	Date	Time	Time Zone
				On Location	16 - Jun - 2011	06:30	CST
Form Type			BHST	Job Started	16 - Jun - 2011	10:15	CST
Job depth MD	1705. ft		Job Depth TVD	Job Started	16 - Jun - 2011	12:48	CST
Water Depth			Wk Ht Above Floor	Job Completed	16 - Jun - 2011	14:04	CST
Perforation Depth (MD)	From		To	Departed Loc	16 - Jun - 2011	15:30	CST

### Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
Surface Hole				12.25				.	1700.		
Surface Casing	Unknown		8.625	8.097	24.			.	1700.		

### Sales/Rental/3<sup>rd</sup> Party (HES)

Description	Qty	Qty uom	Depth	Supplier
SHOE,CSG,TIGER TOOTH,8 5/8 IN 8RD	1	EA		
CLR,FLT,TROPHY SEAL,8-5/8 8RD	1	EA		
AUTOFILL KIT,TROPHY SEAL	1	EA		
CENTRALIZER ASSY - API - 8-5/8 CSG X	12	EA		
CLAMP - LIMIT - 8-5/8 - HINGED -	2	EA		
BASKET - CEMENT - 8 5/8 CSG X 12 1/4	1	EA		
KIT,HALL WELD-A	2	EA		
PLUG,CMTG,TOP,8 5/8,HWE,7.20 MIN/8.09 MA	1	EA		

### Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe	8 5/8	1	h	1705	Packer					Top Plug	8 5/8	1	h
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar	8 5/8	1	h	1660	Retainer					SSR plug set			
Insert Float					centralizers	8 5/8	12	h		Plug Container	8 5/8	1	h



Miscellaneous Materials													
Gelling Agt		Conc	Surfactant		Conc	Acid Type		Qty	Conc		%		
Treatment Fld		Conc	Inhibitor		Conc	Sand Type		Size	Qty				
Fluid Data													
Stage/Plug #: 1													
Fluid #	Stage Type	Fluid Name			Qty	Qty uom	Mixing Density lbm/gal	Yield ft <sup>3</sup> /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk		
1	Lead Cement	VARICEM (TM) CEMENT (452009)			300.0	sacks	11.4	2.96	18.14		18.14		
	3 %	CALCIUM CHLORIDE - HI TEST PELLET (100005053)											
	0.1 %	WG-17, 50 LB SK (100003623)											
	0.25 lbm	POLY-E-FLAKE (101216940)											
	18.138 Gal	FRESH WATER											
2	Tail Cement	SWIFTCEM (TM) SYSTEM (452990)			200.0	sacks	15.6	1.2	5.22		5.22		
	2 %	CALCIUM CHLORIDE - HI TEST PELLET (100005053)											
	0.25 lbm	POLY-E-FLAKE (101216940)											
	5.218 Gal	FRESH WATER											
3	Displacement				105.00	bbl	8.33	.0	.0	.0			
Calculated Values			Pressures			Volumes							
Displacement	105	Shut In: Instant			Lost Returns	0	Cement Slurry		201	Pad			
Top Of Cement	surface	5 Min			Cement Returns	55	Actual Displacement		105	Treatment			
Frac Gradient		15 Min			Spacers	0	Load and Breakdown			Total Job	306		
Rates													
Circulating	9	Mixing		6	Displacement		9	Avg. Job					
Cement Left In Pipe		Amount	45 ft	Reason	Shoe Joint								
Frac Ring # 1 @		ID		Frac ring # 2 @		ID		Frac Ring # 3 @		ID	Frac Ring # 4 @		ID
<b>The Information Stated Herein Is Correct</b>					Customer Representative Signature								

*The Road to Excellence Starts with Safety*

<b>Sold To #:</b> 348223	<b>Ship To #:</b> 2860053	<b>Quote #:</b>	<b>Sales Order #:</b> 8250538
<b>Customer:</b> EOG RESOURCES INC EBUSINESS		<b>Customer Rep:</b> Knox, Mike	
<b>Well Name:</b> Hittle Trust		<b>Well #:</b> 1 #1	<b>API/UWI #:</b>
<b>Field:</b>	<b>City (SAP):</b> HUGOTON	<b>County/Parish:</b> Stevens	<b>State:</b> Kansas
<b>Legal Description:</b>			
<b>Lat:</b>		<b>Long:</b>	
<b>Contractor:</b> Kenai		<b>Rig/Platform Name/Num:</b> 58	
<b>Job Purpose:</b> Cement Surface Casing			<b>Ticket Amount:</b>
<b>Well Type:</b> Development Well		<b>Job Type:</b> Cement Surface Casing	
<b>Sales Person:</b> DRAKE, BRANDON		<b>Srvc Supervisor:</b> CARRILLO, EDUARDO	<b>MBU ID Emp #:</b> 371263

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	06/16/2011 06:30							Dispach Called Cement Crew Out For E.O.G. JOB On Hittle Trust # 1#1 // 8 5/8 Surface Pipe.
Pre-Convoy Safety Meeting	06/16/2011 09:30							Discuss Route to take and Hazards on the road
Arrive At Loc	06/16/2011 10:00							
Assessment Of Location Safety Meeting	06/16/2011 10:05							Rig Runing In Casing In Hole.
Other	06/16/2011 10:10							Got Numbers From Customer Rep Mike Knox / TD = 1701 FT / TP = 1705 FT / SJ = 45.00 FT / Disp = 105.5 BBLs. / 8 5/8 CAG 24 # CAP = .0636 / HOC = 13.6037 / 1705 - 45.00 = 1660 FT./ Customer Said To Pump CMT @ 6 BPM AND 8 To 10 BPM Disp Sage Last 20 BBLs.
Pre-Rig Up Safety Meeting	06/16/2011 10:15							Discussed All Red Zones Were To Spot Equipment And Run Lines Whent Over JAS.
Rig-Up Completed	06/16/2011 11:15							
Wait on Customer or Customer Sub-Contractor Equip	06/16/2011 11:16							Wait on Rig Crew
Other	06/16/2011 11:40							Casing On Bottom

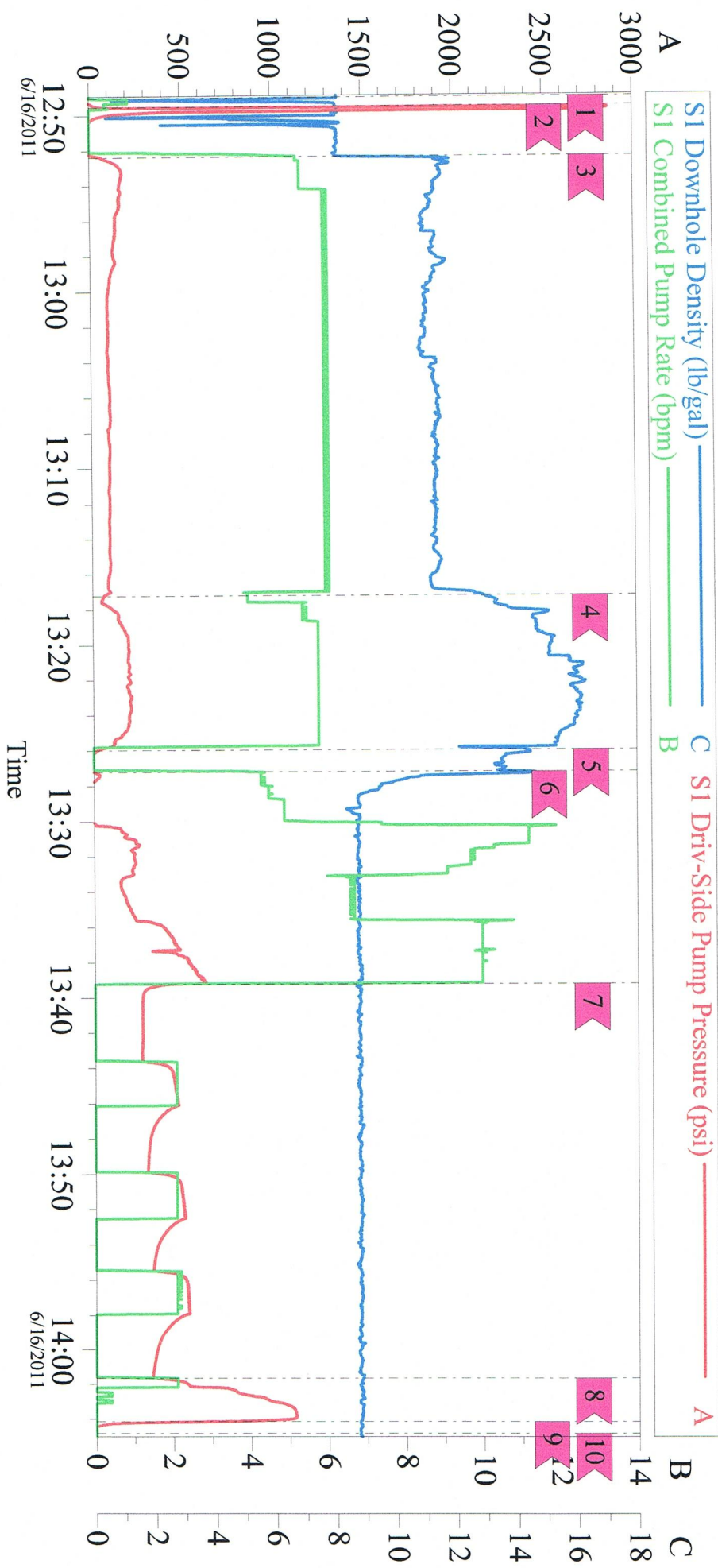


Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Other	06/16/2011 11:45							tried to install head found closing jaws would lock up on casing. Service Leader arrived after circulation and installed head found casing on landing joint is out of round on casing put jaws close to collar works fine proceeded with job
Pre-Job Safety Meeting	06/16/2011 12:10							
Start Job	06/16/2011 12:48							Ready for Halliburton
Test Lines	06/16/2011 12:49						2000.0	Tested Lines @ 2000 PSI.
Pump Lead Cement	06/16/2011 12:52		6	158	158		150.0	Pumped 300 SKS @ 11.4 PPG // 300 X 2.96 X .1781 = 158 BBLS CMT // 300 X 2.96 = 888 CU/FT
Pump Tail Cement	06/16/2011 13:17		6	43	201		200.0	Pumped 200 SKS @ 15.6 PPG // 200 X 1.2 X .1781 = 43 BBLS CMT // 200 X 1.2 = 240 CU/FT
Shutdown	06/16/2011 13:24							
Drop Top Plug	06/16/2011 13:25							HWE
Pump Displacement	06/16/2011 13:37		9	105	306		250.0	Pumped 105 BBLS Displacement // Stage In Last 20 BBLS @ 85 BBLs Stop For 5 Min Then Pump 5 BBLs Till We Get To 105. got back 55 bbl cement returns
Stage Cement	06/16/2011 13:39							
Bump Plug	06/16/2011 14:01							bumped plug @ 500 took to 1000
Check Floats	06/16/2011 14:04							ok
End Job	06/16/2011 14:05							
Pre-Rig Down Safety Meeting	06/16/2011 14:10							Discuss Pinchpoint and Tripping Hazards

Activity Description	Date/Time	Cht #	Rate bbl/ min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Rig-Down Completed	06/16/2011 15:00							
Crew Leave Location	06/16/2011 15:30							
Other	06/16/2011 15:31							THANK YOU FOR CHOOSING HALLIBURTON



# E.O.G. Hittle Trust # 1 # 1 8 5/8 Surface



### Local Event Log

1	start job	12:49:01	2	pressure test	12:49:31	3	pump lead cement	12:52:22
4	pump tail cement	13:17:13	5	drop plug	13:25:59	6	pump displacement	13:27:13
7	stage cement	13:39:14	8	bump plug	14:01:39	9	check floats	14:04:08
10	end job	14:04:49						

Customer:

Job Date: 16-Jun-2011

Sales Order #: 8250538

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

November 21, 2011

Sheila Rogers  
EOG Resources, Inc.  
3817 NW EXPRESSWAY STE 500  
OKLAHOMA CITY, OK 73112-1483

Re: ACO1  
API 15-189-22769-00-00  
Hittle Trust 1 #1  
SE/4 Sec.01-35S-36W  
Stevens County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Sheila Rogers

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

November 22, 2011

Sheila Rogers  
EOG Resources, Inc.  
3817 NW EXPRESSWAY STE 500  
OKLAHOMA CITY, OK 73112-1483

Re: ACO-1  
API 15-189-22769-00-00  
Hittle Trust 1 #1  
SE/4 Sec.01-35S-36W  
Stevens County, Kansas

Dear Sheila Rogers:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/15/2011 and the ACO-1 was received on November 21, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department